



Name of child	Date of birth (month, day, year)
Date of Transition Meeting (month, day, year)	IFSP date (month, day, year)
DISCUSSION OF TRANSITION OPTIONS	FINANCIAL RESOURCES
Community based options:	Review financial resource options, check all
Play group	that apply:
	☐ Private insurance
Mother's day out program	☐ Medicaid waiver
Parks and recreation	☐ Hoosier Healthwise
Library programs	□ cshcs
Other:	Drivete nov
Head Start:	
	Other:
	In reviewing financial resources have you considered the following:
	☐ Is the provider enrolled in the network?
Child Care:	Who will follow up?
	☐ Who is the current waiver manager?
Private Preschool:	☐ Is a prior authorization required?
	Contact CSHCS Customer Service / Prior Authorization Unit (if applicable) to explore future service options.
011 1 7 1 7 1	Contact HH case manager
Clinic Based Therapy:	Other:
	Disposition of Assistive Technology / Equipment
	[List equipment purchased by First Steps that
Local Educational Agency:	continues to be used by the child and how the
Local Educational Agency.	equipment will be (1) returned to FS, (2) purchased by the family or other plan.]
Other Transition Options:	





TIMELINE /

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NEXT STEPS / STRATEGIES FOR WORKING TOWARD TRANSITION. (List what needs to be done and by whom.)	WHO IS RESPONSIBLE?	TIMELINE / EXPECTED DATE OF COMPLETION	
The Individualized Family Transition Plan (pages 1 and 2) will be retained in the child's El Record and will become part of the IFSP.			
Additional comments / notes:			
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